

PTO/SB/21 (02-04)

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FORM**

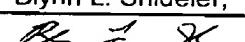
(to be used for all correspondence after initial filing)

		Application Number	09/683,761
		Filing Date	02/11/2002
		First Named Inventor	Robert J. Smith
		Art Unit	3727
		Examiner Name	Ngo, Lien M
Total Number of Pages in This Submission	49	Attorney Docket Number	Erie - 020243

ENCLOSURES (Check all that apply)

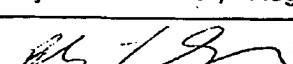
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences in Triplicate
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Auto-Reply Facsimile Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
As instructed during my interview with Examiner Lien M Ngo on 6/8/2004, I am resubmitting the Appeal Brief originally faxed to the USPTO on 3/5/2004. Examiner Ngo has no record of our submission. I am resubmitting the Appeal Brief in triplicate together with the Auto Reply Facsimile Transmission as evidence of receipt by the USPTO. Further, please note that the fees for this appeal were withdrawn from our deposit account, number 502800, on 3/18/2004.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BLK Law Group, Cust. No. 36,787 Blynn L. Shideler, Reg. No. 35,034
Signature	
Date	06/08/2004

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Signature		Date	06/08/2004

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Blynn Shideler

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724-934-5461

p. 2

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Total Pages:

47 (including cover page)

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Cover
Page

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Mar 05 04 02:55p		Blynn Shideler	724-934-5461	p. 1																
<p style="text-align: center;">U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE</p> <p style="text-align: center;">TRANSMITTAL FORM</p> <p>(for use of correspondence after case filed)</p> <p>Total Number of Pages in the Submission: 47</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number: 10/885,791</td> <td style="width: 50%;">Filing Date: Mar 19/2001</td> </tr> <tr> <td>First Named Inventor: Shideler, Blynn</td> <td>Art Unit: 2721</td> </tr> <tr> <td>Customer Status: <0 - 0000</td> <td>Attorney Docket No./Ref ID: Ref. # 0261443</td> </tr> </table> <p>ENCLOSURES (Check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment <input type="checkbox"/> New File <input type="checkbox"/> Amendment(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment/Pending <input type="checkbox"/> Informal Claimants Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.10 or 1.33 </td> <td style="width: 50%;"> <input type="checkbox"/> Overlays <input type="checkbox"/> Unnumbered Papers <input type="checkbox"/> Public <input type="checkbox"/> Power to Consent to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Reinstatement <input type="checkbox"/> CO. Number of CPO </td> </tr> <tr> <td colspan="2" style="text-align: center;">Comments:</td> </tr> </table> <p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name: Blynn L. Shideler, Reg. No. 35,034</td> <td style="width: 50%;">Signature: </td> </tr> <tr> <td>Date: 03/05/04</td> <td></td> </tr> </table> <p>CERTIFICATE OF TRANSMISSION/MAILING</p> <p>I hereby certify that the correspondence in the above-entitled application transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage are first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or the state carrier, below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name or post office: Blynn L. Shideler, Reg. No. 35,034</td> <td style="width: 50%;">Date: 03/05/04</td> </tr> </table> <p>This document is subject to 37 CFR 1.5. The transmittal period for a regular application is 2 months from the date of filing. If the USPTO is unable to receive the transmittal, processing, or mailing of the communication will commence 2 months from the date of filing. Any extension of the period of time for filing a response to a communication will be determined by the date of filing of the communication. The Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the USPTO, 1400 L Street, N.W., Washington, D.C. 20591, or 3500 Park Place, P.O. Box 1450, Alexandria, VA 22313-1450. U.S. POSTAGE IS REQUIRED FOR COMMUNICATIONS WITH THE USPTO. DO NOT SEND PAYMENT OR COMPLETED FORMS TO THIS ADDRESS.</p> <p>If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.</p>					Application Number: 10/885,791	Filing Date: Mar 19/2001	First Named Inventor: Shideler, Blynn	Art Unit: 2721	Customer Status: <0 - 0000	Attorney Docket No./Ref ID: Ref. # 0261443	<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Assignment <input type="checkbox"/> New File <input type="checkbox"/> Amendment(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment/Pending <input type="checkbox"/> Informal Claimants Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.10 or 1.33	<input type="checkbox"/> Overlays <input type="checkbox"/> Unnumbered Papers <input type="checkbox"/> Public <input type="checkbox"/> Power to Consent to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Reinstatement <input type="checkbox"/> CO. Number of CPO	Comments:		Name: Blynn L. Shideler, Reg. No. 35,034	Signature: 	Date: 03/05/04		Name or post office: Blynn L. Shideler, Reg. No. 35,034	Date: 03/05/04
Application Number: 10/885,791	Filing Date: Mar 19/2001																			
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Name: Blynn L. Shideler, Reg. No. 35,034	Signature: 																			
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Name or post office: Blynn L. Shideler, Reg. No. 35,034	Date: 03/05/04																			

PAGE 1/49 * RCVD AT 6/8/2004 3:04:39 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/5 * DNIS:8729303 * CSID:724 934 5461 * DURATION (mm:ss):16-22

PTO/SB/21 (02-04)

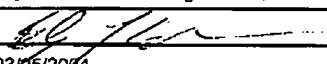
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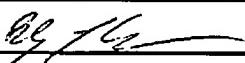
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TRANSMITTAL FORM		Application Number	09/683,761
(to be used for all correspondence after initial filing)		Filing Date	02/11/2002
		First Named Inventor	Robert J. Smith
		Art Unit	3727
		Examiner Name	NGO, LIEN M
Total Number of Pages in This Submission	47	Attorney Docket Number	Erie - 020243

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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BLK Law Group, Cust. No. 36,787 Blynn L. Shideler, Reg. No. 35,034
Signature	
Date	03/05/2004

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Typed or printed name	Blynn L. Shideler, Reg. No. 35,034	
Signature		Date 03/05/2004

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 165.00)

Complete if Known

Application Number	09/683,761
Filing Date	02-11-2002
First Named Inventor	Robert Smith
Examiner Name	NGO, LIEN M
Art Unit	3727
Attorney Docket No.	ERIE-020243

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	502800
Deposit Account Name	BLK Law Group

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
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FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

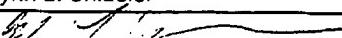
**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	165.
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			165.

(Complete if applicable)

Name (Print/Typo)	Blynn L. Shideler	Registration No. (Attorney/Agent)	35,034	Telephone	724-934-5450
Signature				Date	03/05/2004

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